

Welcome to Our Latest Edition

Our goal is to provide a medium for VA MS professionals to share expertise and improve care for MS patients. We welcome your thoughts, comments, and participation. Please pass this issue along. If you know someone who wishes to be included on the electronic distribution list, forward the email address to the editor.

A Letter from the VA-SIG Chair

Dear Colleagues,

The annual meeting for the Consortium of Multiple Sclerosis Centers (CMSC) is quickly approaching. Please note the following reminders/notices:

- 1) For those of you sponsored by Paralyzed Veterans of America/United Spinal Association, please monitor your email next week for a note from Thomas Stripling, requiring you to respond/confirm your intentions to attend the meeting. Final funding arrangements will be based on this response...don't miss it!
- 2) Please check your local VISN website to download forms for hotel taxes. The form must be from YOUR state and payment options may be limited (may require a check instead of credit card).
- 3) You can use the Department of Veterans Affairs credit card for travel only if you arrange your trip through employee travel. This has been an issue lately—please abide by regulations.
- 4) We will be accepting nominations for the VA-SIG steering committee offices. Nominations will be accepted at the meeting or you can contact a current steering committee member. The election will be held during the CMSC meeting.
- 5) A hospitality suite will be available for the VA-SIG, where at designated times you may enter contact information into a VA system. This information includes email and physical address, phone number, VA location, and profession information. You may also want to enter information for colleagues who were unable to attend, with their permission, of course.

I wish each of you a safe trip and look forward to the meeting!

Sincerely,

Peggy A. Coffey, MD
VA-SIG Chair
Tampa VAMC

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In this issue we continue the series of articles to help clinicians diagnose and treat MS.

MSCOEs Can Lead the Way

by Robert L. Ruff, MD, PhD

The Multiple Sclerosis Centers of Excellence (MSCOEs) are two centers that integrate patient care, education, and research to improve the lives of veterans with multiple sclerosis (MS). The MSCOEs would have limited impact if they functioned in isolation. The strength of the MSCOEs is that they have divided the nation into east and west sections and each center has reached out to the medical centers east and west of the Mississippi to form hub-and-spoke networks. The

MSCOEs are the primary hubs, and within each VISN are regional hub sites with dedicated staff who serve as VISN-level experts. The MSCOEs have enlisted the support of dedicated clinicians, nurses, psychologists, therapists, pharmacists, physicians and physician's assistants to form regional network sites of care for veterans with MS.

The MSCOEs care network is an integral part of the of the excellent VA system of health care. Dr. Feasby, in an article about the quality of health-care delivery systems¹ cited the Department of Veterans Affairs as "one of the striking American health care successes." VA is the largest integrated health-care system in the United States. VA divides the United States into 21 veterans integrated service networks (VISNs) that have enrolled for care nearly 8 million of the nation's 24 million veterans. VA has 155 medical centers, more than 875 clinics, 135 nursing homes, 42 residential rehabilitation centers, and 206 counseling centers, totaling more than 1,400 points of care.

An integrated computerized medical record system gives clinicians at any point of care immediate access to patients' complete medical notes, lab reports, and diagnostic images. Veterans may go to any point of care in the system without concern about availability of their medical records. The computerized medical

record also provides alerts to caregivers to follow up on the results of medical tests as well as to perform periodic tests or to institute health-care measures, such as vaccinations, screens for tobacco and alcohol use, and the dispensing of low-dose aspirin to veterans at risk for heart attack or stroke. VA also provides veterans with access to their records to ensure correctness and enhanced self-knowledge. Veterans can participate in home health programs, such as My Healthvet, that provide daily motivation for them to follow their medication regimens and to continue in exercise, diet, and therapy programs. VA also has education programs for patients and caregivers. In the United States, VA health care far exceeds the private sector in preventive health-care measures and in providing comprehensive longitudinal health care, including medication, rehabilitative therapy, durable medical equipment, and nursing home treatment when needed. VA negotiates for lower cost of medication, which helps to control the cost of health-care delivery.

The emphasis on primary care can falsely lead to the perception that specialized medical care, such as treatment of neurological disorders, is not important. The MSCOEs and the MSOE care network are key to providing quality specialized care for veterans with neurological disorders.

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The VA provides quality neurologic care through a network of more than 1,000 neurologists and additional other specially trained care-givers including nurse practitioners and electrodiagnostic technicians. VA neurologists have strong academic ties. VA is affiliated with 107 of 125 U.S. medical schools, and one-quarter of all neurology resident training is paid for by VA.

The MSCOE's have enhanced the national MS network through educational and patient care initiatives. Partnering with the Employee Education System (EES) within the Veterans Health Administration, the MSCOE's developed several educational programs that reached out to care givers by providing education on topics of interest for the long-term care of people with MS, including sexuality and management of commonly encountered problems. In addition, the MSCOE's hold annual meetings where MS care-givers can enhance their knowledge bases and clinical skills.

The MSCOE's also worked with the pharmacy service to develop a national system for tracking natalizumab (Tysabri). This monoclonal antibody treatment has potential merit for halting the progression of MS, but carries with it the risk of development of a rare and incurable infectious disease of cerebral white matter, progressive multifocal leukoencephalopathy (commonly referred to as PML). It was essential to establish a system of tracking the use of natalizumab (Tysabri), before VHA would use of this potent, but risky monoclonal antibody treatment.

An important benefit of the national MS network of care established by the MSCOE's is that patients with MS can be managed primarily by practitioners located near to the patients with the practitioners supported by the knowledge and experience of the MSCOE's. The MSCOE's and regional hubs provide a hierarchical system of treatment for veterans with MS. Issues that exceed the expertise of local caregivers can be referred to regional or national experts. When needed, patients can be transferred to hub sites for specific diagnostic procedures or treatments. Thus, veterans have access to a wide level of care. The hub-and-spoke support system reduces the need for veterans to travel to the national MSCOE's.

The national MS care network facilitates the ability of MS care-givers to participate in national clinical research programs as well as supporting the development of new research programs. The CMSC and national meetings arranged by the MSCOE's provide the forums to discuss new research advances and to enable MS specialists to network and develop research programs.

In summary, the national MS care network developed by the MSCOE's facilitates the care of veterans with MS, reduces the cost of MS care by enabling care to be performed within VA, allows veterans to be cared for close to their homes, and encourages clinical research programs.

Robert L. Ruff, MD, PhD

1. Feasby, TE. "Is the Canadian health care system better for neurologic care?" *Neurology* 2006. 67:1744-7.

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CONTINUING EDUCATION ACTIVITIES

The call-in number for all calls is 800-767-1750; access code 43157. Questions? Contact Angela Young at angela.young4@va.gov.

JUNE 2008

JUNE 9

Patient education conference call – "MS Wellness, Diet & Exercise"
Anne Bateman, RN
8 p.m. ET

JUNE 10 & 11

Education conference call for health-care professionals
Robert Baumhefner, MD
4 p.m. ET

JUNE 18 & 19

Education conference call for health-care professionals – "MS Wellness Diet & Exercise"
Anne Bateman, RN
Noon ET

Please check the VA website regularly for additional information and updates.

www.va.gov/ms